

**REVIEW REQUIREMENTS CHECKLIST
ACCOUNTABLE HEALTH PLANS - HIPAA**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE Form/Page/Para.
Authorization to Transact Insurance	A.R.S. §20-2303		
Choice of Health Benefits Plan; Disclosure to Employer; Enrollment Limitations	A.R.S. §20-2304		
Coverage for Eligible Employees	A.R.S. §20-2307		
Eligible Children	A.R.S. §20-2308		
Renewal, Nonrenewal, Termination, Discontinuance or Withdrawal of Plan	A.R.S. §20-2309		
Preexisting Condition Exclusions; Creditable Coverage Calculation and Certification	A.R.S. §20-2310		
Rate Making	A.R.S. §20-2311		
Maternity Coverage; Adopted Children; Postpartum Hospital Stay Coverage	A.R.S. §20-2321		
Mental Health Benefits	A.R.S. §20-2322		
Disclosure Forms	A.R.S. §20-2323		
Coverage for Equipment and Supplies for the Treatment of Diabetes	A.R.S. §20-2325		
Cancer Drug Coverage	A.R.S. §20-2326		
Medical Foods Coverage; Definitions	A.R.S. §20-2327		
Cancer Clinical Trial Coverage	A.R.S. §20-2328		
Subrogation	Case Law	<u>Allstate Ins. Co. v. Druke</u> , 118 Ariz. 301, 576 P.2d 489 (1978), and <u>Brockman v. Metropolitan Life Ins. Co.</u> , 125 Ariz. 246, 609 P.2d 61 (1980). Insurance contract provisions requiring an insured to repay insurer's medical expense out of any proceeds recovered by insured from a tort-feasor is unenforceable. An insurer's claim against insured on reimbursement provision providing that insurer be paid for reimbursement out of proceeds of any recovery from third parties is void as an attempt to secure assignment of a personal injury claim.	
Acceptance of Premiums; Receipts	Case Law	<u>Anderson v. Country Life Insurance Company</u> {178 Ariz. Adv. Rep. 18 (CA 1, 11/17/94)}. Insurers which accept premium and issues temporary coverage conditioned upon issuance of permanent policy may not defeat interim coverage by failing to issue final policy. An insurer may not collect a premium for a period of time during which it has no risk.	

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CERTIFICATION

I, _____, hereby certify that to the best of my knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all of the applicable requirements outlined above; 2) Contains no provision(s) previously disapproved or required to be corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed this insurer's powers, the authority granted by its state of domicile and its Arizona certificate of authority.

Signature of

Officer: _____

Date: _____